

Evonne T Curran NursD

12<sup>th</sup> September 2024

Dear Chief Nursing Officers, England, Wales & Scotland

On the 11<sup>th</sup> September 2024, the COVID inquiry expert on transmission Prof. Clive Beggs stated ([and provided written evidence](#)) that the virus causing COVID was airborne, that IPC guidance was in error, and the statement offered on surgical masks was they are “better than nothing”. This very evidence was included in my first letter to the CNOs back in January 2021. Subsequent letters provided additional evidence of an ongoing failures to understand transmission and poor decision-making in the omission to apply the precautionary principle. To be clear: the mode of transmission as stated in the NIPCM and throughout the pandemic guidance is recognised to “[defy physics](#)”. Furthermore, it has defied physics in Scotland since 2012. Additionally, 25 monthly iterations of the rapid review of the literature on transmission produced by ARHAI in Scotland were all in serious error.

Apart from those writing the NIPCMs, the virus is accepted by everyone as airborne, and as it is airborne the precautions needed include ventilation and respiratory protection. The risk from an AGP reflects the closeness of HCWs to infectious symptomatic person for a period of time. However, your IPC guidance omits the corollary that the HCW providing direct care to an infectious individual, particularly in a cubicle with poor ventilation, is subject to a far greater exposure and infection risk. The focus of transmission prevention is therefore unbalanced and incomplete.

I was appalled by a line in the latest erroneous iteration of the TBPs literature review produced in Scotland, which without acceptance of error states...

*“Over time, acknowledgement of the multiple factors which influence transmission mode, alongside **clear inadequacy of the droplet/airborne dichotomy**, have indicated a requirement for reassessment of this framework.”*

[\\*Transmission Based Precautions Definitions Literature Review \(scot.nhs.uk\)](#)

I would emphasise, that some of your HCWs died due to the IPC’s adherence to the “clear inadequacy of the droplet/airborne dichotomy” and the meagreness of the respiratory protection provided.

I spend some of my time in retirement (pro bono) supporting HCWs who are undertaking a legal process after having been sacked due to disabling long covid. They are suffering now due to previous inadequate protection, afforded by the adoption of, and adherence to, the clear inadequacy of the droplet/airborne dichotomy. No attempt to cling to "*risk assessments*" or the "*hierarchy of controls*" can change these facts.

I ask for the following considerations. First, that you consider what additional evidence you would have needed to have acted, and whether on reflection, you now consider that the evidence I presented to you in my letters was sufficient to merit action. Secondly, that with immediate effect the physics-defying NIPCMs are updated to promote safe practice amongst your HCWs. And, without waiting for the inquiry report, there is an expression of regret and an understanding of the reasons for such harmful and erroneous guidance. The complete failure to advocate for the precautionary principle merits this at least.

Additionally, I suggest there is some kind of investigation as to how if "robust" and "accredited" guidance procedures were followed, this mess happened and was allowed to be perpetuated. I also offer for your consideration the promotion of an understanding of *error theory* and *high-reliability theory* for those making guidance such that errors are not adhered to but prevented, identified and remedied.

Yours sincerely

Evonne T Curran NursD